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APR 20 2004

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7590 01/21/2004

Platon N. Mandros  
 BURNS, DOANE, SWECKER & MATHIS, L.L.P.  
 P.O. Box 1404  
 Alexandria, VA 22313-1404

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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/931,242	08/17/2001	Shinichi Nishikawa	018656-240	2701

TITLE OF INVENTION: METHOD OF MANUFACTURING MICRO GLASS OPTICAL ELEMENT

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	04/21/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
FORTUNA, JOSE A	1731	065-377000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

 Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1 BURNS, DOANE, SWECKER & MATHIS, LLP

2 \_\_\_\_\_

3 \_\_\_\_\_

## 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

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MINOLTA CO., LTD.

OSAKA-SHI, OSAKA, JAPAN

Please check the appropriate assignee category or categories (will not be printed on the patent):  individual  corporation or other private group entity  government

4a. The following fee(s) are enclosed:

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee Payment by credit card. Form PTO-2038 is attached. Advance Order # of Copies \_\_\_\_\_ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 02-4800 (enclose an extra copy of this form).

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04/21/2004 HU10N62 0000140 09931242

01 FC:1504	300.00 0P
02 FC:1501	1330.00 0P
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